MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08702

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) V (Last) Bailey

4. DATE OF DEATH (Month) Sept. (Day) 13 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 2, 1859
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Bailey
14. MOTHER'S MAIDEN NAME Susan Hustfelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Edna Hustfelt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Toxemia, Gangrene of right foot and leg — INTERVAL BETWEEN ONSET AND DEATH 7 mos

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic + hypertensive Heart disease - 10 yrs.

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1948, to Sept 13, 1949, that I last saw the deceased alive on Sept 13, 1949, and that death occurred at 9:10 P m., from the causes and on the date stated above.

SIGNATURE Theodore F. Paprocki (Degree or title) MD ADDRESS Galena Md DATE SIGNED 9/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 16 1949
NAME OF CEMETERY OR CREMATORY Cecilton
LOCATION (City, town, or county) Cecilton (State) Md.

DATE REC'D BY LOCAL REG. Sept 16 - 49
REGISTRAR'S SIGNATURE Mrs. Harold W. Cheyney
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08703

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ceciltion
STATE: MARYLAND
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ceilton
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) T. (Last) BAILEY

4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 7 1857

9. AGE last birthday: 92 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md Cecil

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Bailey

14. MOTHER'S MAIDEN NAME: Harriett Finch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Nellie Washington Ceilton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591 Immediate cause (a) Gangrene of Right foot — Interval between onset and death: 2 months

Antecedent cause(s)

132 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteris Sclerosis

(c) Chronic parenchymatous nephritis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1949, to Sept 2, 1949, that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 11:55 A.m., from the causes and on the date stated above.

SIGNATURE: James L. Johnson (Degree or title): M.D. ADDRESS: Elkton Md DATE SIGNED: Sept 3, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Sept 5 1949 NAME OF CEMETERY OR CREMATORY: Ceciltion LOCATION (City, town, or county) (State): Ceilton Md.

DATE REC'D BY LOCAL REG.: Sept 5-49 REGISTRAR'S SIGNATURE: Mrs Theresa L. Cheyney

24. FUNERAL DIRECTOR: Edward Tillour ADDRESS: Millington Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118704

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
STREET ADDRESS (If rural, give location) 136 HOLLINGSWORTH MANOR

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (Last) BENSON
4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 8-30-70
9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FACTORY ENG, NEC
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CHESTER, PA
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: JOSEPH BENSON
14. MOTHER'S MAIDEN NAME: ELIZABETH RISKUE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: UNION HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 5 days

Antecedent cause(s)

430.1

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 22, 1949 to Sept. 27, 1949, that I last saw the deceased alive on Sept. 27, 1949, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Ralph Andrew Jr M.D. 233 E. Main St. Elkton Md Sept. 27 1949

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 10-1-49 | NAME OF CEMETERY OR CREMATORY: FRIENDS | LOCATION (City, town, or county): CALVERT (State): Md

DATE REC'D BY LOCAL REG. 9/29/49 | REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: Joseph R. Grant ADDRESS: North East Md

RECEIVED
OCT 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08705

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) R. D #1

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) P. (Last) Biggs.

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Sept. 10, 1897 | 9. AGE last birthday: 51 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Archie W. Biggs | 14. MOTHER'S MAIDEN NAME: Martha Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: 215-12-2962 | 17. INFORMANT: Mrs Mattie Biggs.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

550.1 **Immediate cause** (a) Peritonitis. — 24 hours.

Antecedent cause(s)

121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Appendicitis — 5 8 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 6, 1949 | 19b. MAJOR FINDINGS OF OPERATION: General peritonitis with gangrenous appendix | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — | (CITY OR TOWN) — | (COUNTY) — | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 5, 1949, to Sept. 7, 1949, that I last saw the deceased alive on Sept 7, 1949, and that death occurred at 3 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Orford H. Brecher M.D. — Elkton, Maryland — Sept. 9-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept 10/49 | NAME OF CEMETERY OR CREMATORY: Bethel | LOCATION (City, town, or county) (State): Near Chesapeake City, Md.

DATE REC'D BY LOCAL REG. 9/10/49 | REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: H W Tippin | ADDRESS: Elkton Md.

RECEIVED
SEP 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118706

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo. Rural
LENGTH OF STAY (in this place) Boyn
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo. Rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) BENIAMIN (Last) BLACK.

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 20. 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Conowingo. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Black

14. MOTHER'S MAIDEN NAME: Priscilla Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Clara Black.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro Vascular Accident	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis Chronic	3 yrs
	(c) Arteriosclerosis & Hypertension	10 yrs ?

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19.46, to Sept 19, 19.47, that I last saw the deceased alive on Sept 18, 19.47, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Bx 10 Bx 10. Md. 9-20-47

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Sept. 22, 1949
NAME OF CEMETERY OR CREMATORY: Mt. Zion
LOCATION (City, town, or county) (State): Conowingo. Md.

DATE REC'D BY LOCAL REG. Sept-21-49
REGISTRAR'S SIGNATURE: Lemuel Mumington

24. FUNERAL DIRECTOR: J. E. Tyson
ADDRESS: Rising Sun, Md.

RECEIVED
SEP 23 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

08707

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Alfred (Last) Bramble

4. DATE OF DEATH (Month) Sept. (Day) 13, (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-7-1880

9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Dealer

10b. KIND OF BUSINESS OR INDUSTRY Retail

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Bramble

14. MOTHER'S MAIDEN NAME Clara Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Nettie E. Bramble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Cancer of lungs	3 wks
Antecedent cause(s)	(b) Metastatic Cancer of liver	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Primary Cancer of Pancreas	6 months
	Cholycystitis	4 yrs

157

46g

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to Sept 13, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Port Deposit DATE SIGNED 9-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 9-15-1949

NAME OF CEMETERY OR CREMATORY Hopewell

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Sept. 14, 1949

REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Lee A. Patterson & Son, ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08708

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. (Calvert md)
STREET ADDRESS (If rural, give location) Nottingham #1. Pa.

3. NAME OF DECEASED (Type or Print) (First) Elsie (Middle) W. (Last) Brown
4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 10/1/1874
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Chester Co. Penna.
12. CITIZEN OF WHAT COUNTRY? U.S. of A.
13. FATHER'S NAME Joseph G. Wherry
14. MOTHER'S MAIDEN NAME Lydia C. McAllister
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Winter D. Brown.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Circulatory Failure

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage

(c) Hypertension c Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1945, to Sept, 1949 that I last saw the deceased alive on Sept 25, 1949, and that death occurred at 11 50 P m., from the causes and on the date stated above.

SIGNATURE Jacob L Engle (Degree or title) M.D. ADDRESS 518 Market St - Oxford, Pa DATE SIGNED 9/27/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 9/29/49
NAME OF CEMETERY ~~OR CREMATORY~~ Calvert Friends Burial Ground
LOCATION (~~City, town,~~ or county) Cecil Co. (State) md.
DATE REC'D BY LOCAL REG. Sept 27-49
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR William Q. Johnston ADDRESS Oxford Pa.

RECEIVED
SEP 29 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

08709

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 7yr. 1mo. 15da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: OHIO; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East Liverpool; STREET ADDRESS (If rural give location): 133 Rural Lane

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) F. (Last) BUXTON

4. DATE OF DEATH: (Month) September (Day) 29, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: 9/23/1896

9. AGE last birthday: 53 yrs. If under 1 year: Months 0 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE BUXTON

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: Hospital Records, Veterans Administration Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Peritonitis, serofibrinous — Interval between onset and death: 7-10 days

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tuberculosis, pulmonary, bilateral, far advanced

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from Aug. 14, 1942, to Sept. 29, 1949, ~~that I last saw the deceased~~ ~~on~~, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. E. Trollinger — A. E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. — 10/3/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: 10-5-49 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Oct 5, 1949 — REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son — PENNINGTON & SON, Havre DeGrace, MD.

RECEIVED
OCT 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 961

Md. Richards 18710

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) A. (Last) Cain Jr.

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 18, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-31-1885

9. AGE last birthday: 64 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retail

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Cain

14. MOTHER'S MAIDEN NAME: Louisa Hann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Catherine B. Cain

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1/2 hr.
Antecedent cause(s) 420.1		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Angina Pectoris	3 yrs.
	(c) Hypertension Chronic	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to Sept. 18, 1949, that I last saw the deceased alive on Sept. 18, 1949, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Port Deposit Md	9-20-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-21-1949	Hopewell	Port Deposit, Md., Rural

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 20, 1949	Irene E. Daugherty	Lewis Patterson & Son.	Perryville, Md.

VS. A15

RECEIVED
SEP 23 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08711

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT
LENGTH OF STAY (in this place): 4yrs11mos.11da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 5000 LEVANDALE ROAD

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) JOHN (Last) EDER
4. DATE OF DEATH: (Month) SEPTEMBER (Day) 18, (Year) 1949
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 5/23/90
9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GROCERY STORE MANAGER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HARFORD COUNTY, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: FRANCIS J. EDER
14. MOTHER'S MAIDEN NAME: CATHERINE C. COOK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): WW-II
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records VA Hospital, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) TUBERCULOSIS, Far Advanced

002

Antecedent cause(s)

30 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with central nervous system lues, meningo-encephalitic type

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7/, 1944, to 9/18/, 1949, that I last saw the deceased alive on 9/18/, 1949 and that death occurred at 5:58 p.m., from the causes and on the date stated above.

SIGNATURE: A. E. Trollinger — (Degree or title) Chief, Professional Services — ADDRESS: VA HOSPITAL, PERRY POINT, MD. — DATE SIGNED: 9/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 22 — NAME OF CEMETERY OR CREMATORY: LORRAINE CEMETERY, — LOCATION (City, town, or county) (State): WOODLAWN, BALTIMORE, MD.

DATE REC'D BY LOCAL REG.: Sept. 19, 1949 — REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: E. Armacost — ADDRESS: ELLSWORTH ARMACOST, BALTIMORE, MD. 3911 LIBERTY HEIGHTS AVENUE

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SEP 22 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08712

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 21y. 7m. 9d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY: Schuylkill
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Girardville
STREET ADDRESS (If rural, give location): 302 East Mahoney Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) J. (Last) FLUTTER

4. DATE OF DEATH: (Month) September (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 11, 1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital Records, Veterans Administration Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443

Immediate cause (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3:45 P.M. 9/24/49

93d

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Hypertensive cardio vascular disease

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1928, to Sept. 24, 1949, that I last saw the deceased alive on Sept. 24, 1949, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON M.D. (Degree or title) — ADDRESS: Asst. Chief Professional Services Veterans Administration Hosp., Perry Point, Md. — DATE SIGNED: Sept. 24, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: Sept. 25, 1949 — NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery — LOCATION (City, town, or county) (State): Fountain Springs, Pa.

DATE REC'D BY LOCAL REG.: Sept 25, 1949 — REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Charles F. Reith — ADDRESS: 206 W. Main St.

CHARLES F. REITH, Girardville, Pa.

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BUREAU V. S.

MV

08713

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Route 40
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Merritt (Last) Furgeson
4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 2-23-1884
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lab.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Oxford, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Furgeson
14. MOTHER'S MAIDEN NAME: Sussie Reel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 205-05-9769
17. INFORMANT: Mrs. David Furgeson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Compound Fracture of skull

170 c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) North East (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 21 (Year) 49 (Hour) 12-15 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran into side of truck crossing route 40

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. E. Dodson (Degree or title) MD
ADDRESS: Rising Sun, Md.
DATE SIGNED: 9-22-49

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF: 9-23-49
NAME OF CEMETERY OR CREMATORY: Ebenezer
LOCATION (City, town, or county) (State): Rising Sun Rural Md
DATE REC'D BY LOCAL REG.: 9-23-49
REGISTRAR'S SIGNATURE: Sarah E. Rothermel
24. FUNERAL DIRECTOR: Joseph R. Grant ADDRESS: North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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SEP 27 1949
BUREAU V. S.

MV

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08714

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (In this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilks Barre.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Harris
4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1949.

5. SEX M.
6. COLOR OR RACE Mute
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 2, 1904
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Michael Harris
14. MOTHER'S MAIDEN NAME Mary McGowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Joseph O'Donnell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Fractured Pelvis, Ruptured bladder.

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured Iliac Vessels

(c) Internal Hemorrhage & Shock.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Rising Sun (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 9 (Day) 3 (Year) 1949 (Hour) 6:45 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was hit by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md. DATE SIGNED 9-5-49.

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept 5/49
NAME OF CEMETERY OR CREMATORY Wilks Barre
LOCATION (City, town, or county) Wilks Barre (State) Pa

DATE REC'D BY LOCAL REG. 9/5/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md

RECEIVED
SEP 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08715

CERTIFICATE OF DEATH

Reg. Dist. No. 95

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural. — LENGTH OF STAY (in this place) 2 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. — COUNTY Culpeper
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Culpeper
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARTHA	ETTER	HARRIS	Sept.	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	Sept. 27, 1916	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rowlandville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Boyd C. Etter
14. MOTHER'S MAIDEN NAME: Blanche Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John N. Harris, Culpeper, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hepatitis, neoplastic	10 days
170 Antecedent cause(s)		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of right breast	10 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Possible carcinoma metastases to lungs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 10, 1949	Cancer of breast & lymphatics spread	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1949, to Sep 5, 1949, that I last saw the deceased alive on Sep 5, 1949, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Evelyn J Bishoff	MD	Rising Sun, Maryland	Sep 6, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 7 1949	Brookview	Rising Sun Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept-6-49	L M Worthington	J. E. Tyson	Rising Sun, Md.

VS. A15

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08716

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East, Md.
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) Mitchum (Last) Harvey

4. DATE OF DEATH (Month) 9 (Day) 23 (Year) 1949

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 19* 1920

9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (State or foreign country) Pageton, West Virginia.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Mitchum

14. MOTHER'S MAIDEN NAME Harriet Susian Mitchum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (Sister) ~~Eleanor King Harvey~~ Virgie Long. VIRGIE LONG

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

981 Immediate cause (a) Shotgun wound right side of face at corner of mouth and right hand.

166 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemmorrhage and shock.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) North East, (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 23 (Year) 49 (Hour) 8:30m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Shot by her husband

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) [signature] ADDRESS Rising Sun, Md. DATE SIGNED 9-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept 26 1949

NAME OF CEMETERY OR CREMATORY North East Methodist Cemetery

LOCATION (City, town, or county) North East Cecil (State) Md

DATE REC'D BY LOCAL REG. 9-26-49

REGISTRAR'S SIGNATURE Sarah E. Rothermel

24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08717

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Rural Route 40 (NORTH EAST) — LENGTH OF STAY (In this place) Life long
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARGARET Elizabeth (Middle) ELIZABETH (Last) Harvey

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 20-1909

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Circuit Court

11. BIRTHPLACE (State or foreign country): North East, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry L. Harvey also known as Harry Harvey

14. MOTHER'S MAIDEN NAME: Margaret Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (brother) Eleanor King Harvey — Eleanor A. Harvey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981 **Immediate cause** (a) Shotgun wound of left side of chest and back.

166 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Internal hemmorrhage and shock.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): North East — (COUNTY): Cecil — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 9 23 49 8:30 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shotgun wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: W. H. Dodson M.D. (Degree or title) — ADDRESS: Rising Sun, Md. — DATE SIGNED: 9-23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 26, 1949 — NAME OF CEMETERY OR CREMATORY: North East Methodist Cem — LOCATION (City, town, or county) (State): North East, Cecil Co. Md.

DATE REC'D BY LOCAL REG. 9/26/49 — REGISTRAR'S SIGNATURE: E R Frazer

24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS: North East, Md.

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

08718

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton Rural RD4
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton, Rural RD4
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Truman	Earl	Hendrickson	9	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Married	1-2-1917	32 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shovel Operator	Sand	Penna.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Orbal B. Hendrickson	Ethel M. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	204-07-5857	Walter Fox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

725.3 **Immediate cause** (a) Suffocation

186 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sand cave in and covered him.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Sand Bank	Elkton, Rural	Cecil	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☒	Not while at work ☐	HOW DID INJURY OCCUR?
9	28	49	A 11 m.			Sand bank caved in on him.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R L Dodson MD — ADDRESS: Rising Sun, Md. — DATE SIGNED: 9-28-1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/1/49	Hopewell Cemetery	Port Deposit	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/29/49	I R Frazer	Ralph M Reed	Rising Sun

RECEIVED
OCT 3 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08719

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 1 yr 11 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Pittsylvania
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chatham
STREET ADDRESS (If rural, give location) Route 5

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (NMI) (Last) HODNETT
4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 12, 1894
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records V.A. Hospital, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho-pneumonia	19 days
Antecedent cause(s)	(b) Uremia	19 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Syphilis, central nervous system, taboparetic type	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1947, to Sept. 15, 1949, that I last saw the deceased alive on Sept. 15, 1949, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. E. TROLLINGER, M.D., Chief, Professional Services
ADDRESS: Veterans Administration Hospital, Perry Point, Md.
DATE SIGNED: Sept. 17, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: Sept. 19 1949
NAME OF CEMETERY OR CREMATORY: Fairview Church Cemetery
LOCATION (City, town, or county) (State): Gretna Virginia

DATE REC'D BY LOCAL REG.: Sept. 17, 1949
REGISTRAR'S SIGNATURE: Irma E. Loughry
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON Havre De Grace, Md.

RECEIVED
SEP 20 1949
BUREAU V. S.

Evidence for addition of 18b shown on:

HLM No. G 122 NOV 7 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08720

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 526- 3rd Street NE ✓

3. NAME OF DECEASED (Type or Print): (First) OSCAR (Middle) T. (Last) HOLLAWAY

4. DATE OF DEATH: (Month) September (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-6-87

9. AGE last birthday: 62 yrs. If under 1 year: Months 1 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waelder, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jeremiah James Hollaway

14. MOTHER'S MAIDEN NAME: Callie Borrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

608 Immediate cause (a) Anaphylactic Shock due to Prontocaine — Interval between onset and death: 5 Minutes

136a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) for Dilatation of urethra for stricture. (11/7/49-A.S.)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. G. DODSON, M.D., Medical Examiner for Cecil Co., Maryland (Degree or title) ADDRESS: Elkton, Md DATE SIGNED: 9/26/49.

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 9-28-49

NAME OF CEMETERY OR CREMATORY: City Cemetery

LOCATION (City, town, or county) (State): Waelder, Texas

DATE REC'D BY LOCAL REG.: Sept. 28, 1949

REGISTRAR'S SIGNATURE: Irma E. Daugherty

24. FUNERAL DIRECTOR: Pennington & Son ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

VS. A15A

RECEIVED
SEP 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08721

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Elkton
STREET ADDRESS (If rural, give location) Elkton RD 5 Md

3. NAME OF DECEASED (Type or Print) (First) James (Middle) H. (Last) Jackson.

4. DATE OF DEATH (Month) Sept. (Day) 18 (Year) 1949

5. SEX Male.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan. 22, 1905

9. AGE last birthday 44 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Resturant.

11. BIRTHPLACE (State or foreign country) Denton. Md.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME William Jackson.

14. MOTHER'S MAIDEN NAME Sallie Hollingsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Henry Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause	(a) Bilateral Pulmonary tuberculosis c̄ Cavitation	1 yr.?
Antecedent cause(s)		
Bb Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Alcoholism	1 yr?
	(c) Auricular Fibrillation	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Sept, 1949, that I last saw the deceased alive on 17 Sept, 1949, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE George J Kreis, Jr (Degree or title) ADDRESS Elkton Md DATE SIGNED 18 Sept. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Sept 20/49 NAME OF CEMETERY OR CREMATORY Friends Cemetery LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 9/20/49 REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
SEP 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 018722

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (In this place): 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 128 North Ellwood Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Robert J. (Middle) (Last) LYMAN

4. DATE OF DEATH: (Month) September (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1874

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ — (If year, give war or dates of service): S.A.W.

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital Records
V.A. Hospital, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Arteriosclerotic Heart Disease — Unknown

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pulmonary Edema — 1 week

(c) Chronic Pulmonary Fibrosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 19.49., to Sept. 9, 19.49, that I last saw the deceased alive on Sept. 9, 19.49., and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon — (Degree or title) E.P. BRANNON, M.D., Asst. Chief, Professional Services — ADDRESS Veterans Administration Hospital Perry Point, Maryland — DATE SIGNED Sept. 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: Sept. 11, 1949 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Sept. 11, 1949 — REGISTRAR'S SIGNATURE: Irma E. Daugherty.

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, HAVRE DE GRACE, MD.

RECEIVED
SEP 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc 08723

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leslie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chas B Silver & Son Camery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 1624 Thames. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) E (Last) MACIEJEWSKI
4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1949

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-30-08
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cleveland Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stephen Maciejewski
14. MOTHER'S MAIDEN NAME Anna Wroblewski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War 2
16. SOCIAL SECURITY No.
17. INFORMANT Josephine Jachimowicz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.7 Immediate cause (a) Charred Body.

180 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Cemetery house (CITY OR TOWN) Leslie (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 11 (Year) 49 (Hour) 3 a. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Bunk house caught fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 9-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9-11-49
NAME OF CEMETERY OR CREMATORY St Stanislaus
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 9-11-49
REGISTRAR'S SIGNATURE Sarah C. Rothermel
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 16 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08724

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) Bruce (Last) McKinney

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 10-23-1871

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North East, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas B. McKinney

14. MOTHER'S MAIDEN NAME: Elizabeth Mahoney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Joseph Grant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary Disease.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R L Dodson (Degree or title) MD

ADDRESS: Rising Sun, Md.

DATE SIGNED: 9-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9-23-49

NAME OF CEMETERY OR CREMATORY: Methodist

LOCATION (City, town, or county) (State): North East Md

DATE REC'D BY LOCAL REG. 9-23-49

REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph P Grant ADDRESS: North East Md

RECEIVED
SEP 27 1949
BUREAU V. S.

Evidence for change of age is shown on

FILM No. G 122 SEP 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08725

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
LENGTH OF STAY (in this place): 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: UNION Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) LYDIA (Middle) B. (Last) McKINNEY

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12-20-1900

9. AGE last birthday: ~~49~~ 48 yrs. If under 1 year: Months 9, Days 16, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): ~~PENN~~ RISINGSON Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS RICE

14. MOTHER'S MAIDEN NAME: MARGARET BURGEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT: ARTHUR R. McKINNEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	24 hours
Antecedent cause(s)		
345		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	3 days
87d	(c) Multiple Selerosis	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1946, to 6 Sept, 1949, that I last saw the deceased alive on 5 Sept, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hans H Hueber	M.D.	North East Md	6 Sept '49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-9-49	Methodist	North East	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/8/49	E R Frazer	Joseph B Grant	North East Md

RECEIVED
SEP 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118726

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY OR TOWN: Perry Point; LENGTH OF STAY (in this place): 16 yrs. 2 mos. 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY OR TOWN: Sparrows Point; STREET ADDRESS (If rural, give location): 7314 Bay Front Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) – (Last) MEITHIOWDIS

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 1, 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months: 4, Days: 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 3 hrs.

420.1

Antecedent cause(s)

131a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

due to

(b) Coronary arteriosclerosis

(c) HYpertensive cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized and cerebral

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ---

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from June 28, 1933, to Sept. 23, 1949, [redacted], and that death occurred at 2:30 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. 9-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 9-27-49

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Sept 27 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

VS. A15

RECEIVED
SEP 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08727

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 5yrs.2mos.7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Duquesne
STREET ADDRESS (If rural, give location) 110 Camp Avenue ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	A.	MITCHELL	Sept.	12,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Negro	Married	6-22-1892	57 yrs.	2	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer and porter
10b. KIND OF BUSINESS OR INDUSTRY: Steel works
11. BIRTHPLACE (State or foreign country): Big Island, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Mitchell - deceased
14. MOTHER'S MAIDEN NAME: Emma Davis -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia, uremic poisoning	1 week
Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular renal disease	
	(c) Arteriosclerosis, generalized	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with syphilis of the central nervous system, meningo-encephalitic type

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
---			m.		---

22. I hereby certify that VA I attended the deceased from July 5, 1944, to Sept.12, 1949, that I last saw the deceased alive on ..., 19XX, and that death occurred at 5:45 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. E. TROLLINGER, M.D., Chief,	Professional Services, VAH, Perry Point, Md.	Sept.13,1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9-14-49	Unknown	Big Island, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 14, 1949	Irene E. Daugherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 16 1949
BUREAU V. S.

08728

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Earlville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Earlville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Hacks Point

3. NAME OF DECEASED (Type or Print) (First) CLARENCE (Middle) A. (Last) ONEAL

4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan 12, 1872 | 9. AGE last birthday 77 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Delaware | 12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME Henry O Neal | 14. MOTHER'S MAIDEN NAME Emma Conneygs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Irvin O Neal Cecilton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	2 days
420.0 Antecedent cause(s)		
93 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic & hypertensive heart disease	3 yrs +
	(c) Bronchitis, Chronic	1½ yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-46, to 9-9-49, that I last saw the deceased alive on 9-7-49, 19....., and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE Theodore F Paprocki MD (Degree or title) ADDRESS Galena, Md DATE SIGNED 9-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Sept. 13 1949 | NAME OF CEMETERY OR CREMATORY Galena | LOCATION (City, town, or county) Galena (State) Md.

DATE REC'D BY LOCAL REG. Sept 13-49 | REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney | 24. FUNERAL DIRECTOR Edward Fellows | ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 14 1949
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 122 SEP 27 19

BC

08729

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point	LENGTH OF STAY (in this place): 6 yr. 7 mos. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
	STREET ADDRESS (If rural, give location): 1423 DeMorrisy Way ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	OLIVER	M.	PRESTON		September	20,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	If under 1 year: Days	If under 24 hrs.: Hours	If under 24 hrs.: Min.
MALE	WHITE	MARRIED	4-8-1895	54 55 yrs.	5	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alonzo Preston - deceased	Alice Bisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW-I	Unknown	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Status epilepticus	6 days
Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis, meningo-vascular type	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Pneumonia, bronchial 2. Uremia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	--			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
	--		m.		

22. I hereby certify that I attended the deceased from Feb. 3, 1943, to Sept. 20, 1949, [redacted], and that death occurred at 9:55 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. 9-20-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9-21-49	Baltimore National Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Sept 21, 1949	Irene E. Daugherty	Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
SEP 28 1949
BUREAU V. S.

Evidence for addition in 18 shown on:

FILM No. G 122 OCT 24 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

018730

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Singerly rural	LENGTH OF STAY (In this place): 5yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Elkton Rd 5	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Singerly
	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	Irene	Roman	9	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Married	Aug. 13. 1926	23 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Independence, Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Johnson	Sina Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		220-24-3041	Stephan Roman

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Strangulation from vomited food in a faint	
642.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (Tentative Diagnosis) Microscopic evidence of	
1442	(c) Toxemia of Pregnancy. No evidence clinically. (10/24/49 A.S.)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Was pregnant with twin foetuses	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home	(CITY OR TOWN): Singerly	(COUNTY): Cecil	(STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. LeDodson MD	Rising Sun, Md.	9-20-49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 23 1949	Baptist	Conowingo Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/22/49	F R Frazer	J. C. Tyson.	Rising Sun Md

RECEIVED
SEP 23 1949
BUREAU V. S.

08731

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City, LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location) Md

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Schneider (Last)
4. DATE OF DEATH (Month) September (Day) 27 (Year) 1949

5. SEX M. 6. COLOR OR RACE Wh. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Feb 16 - 1864 9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Retd. 11. BIRTHPLACE (State or foreign country) New Jersey. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME No Inf. 14. MOTHER'S MAIDEN NAME No Inf.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service) 16. SOCIAL SECURITY No. 17. INFORMANT Mrs Mary Schneider Ches. Cty, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Chronic myocarditis — 3 years

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C.N. Disease — 10 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to Sept 27, 1949, that I last saw the deceased alive on Sept 26, 1949 and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE Henry V Davis (Degree or title) M.D. ADDRESS Chesapeake City Md DATE SIGNED 9/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Sept 29/49 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) Chesapeake City R.D. (State) Md

DATE REC'D BY LOCAL REG. September 29-1949 REGISTRAR'S SIGNATURE Mrs Ralph H. Bell 24. FUNERAL DIRECTOR H W Tippin ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
OCT 3 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118732

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 4 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 149 Hollingsworth Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton, Md
STREET ADDRESS (If rural give location) 149 Hollingsworth Manor

3. NAME OF DECEASED (Type or Print) (First) IRVING (Middle) Eugene (Last) SIMMONS.

4. DATE OF DEATH (Month) Sept (Day) 22 (Year) 1949

5. SEX MAle
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 12/49
9. AGE last birthday 4 yrs. If under 1 year Months 4 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Elkton,
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Milford Simmons.
14. MOTHER'S MAIDEN NAME Lisi Lotte Stuber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Milford Simmons Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infantile diarrhoea — INTERVAL BETWEEN ONSET AND DEATH 5 days

571.0

Antecedent cause(s)

119a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20, 1949, to 9/22, 1949, that I last saw the deceased alive on 9-20, 1949, and that death occurred at 8:30 m., from the causes and on the date stated above.

SIGNATURE George J Kneis, Jr (Degree or title) MD ADDRESS Elkton Md DATE SIGNED 9-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 23/49
NAME OF CEMETERY OR CREMATORY Catholic
LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REG. 9/23/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Hippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18733

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (In this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1162 Ave. C

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
STREET ADDRESS (If rural, give location) 1162 Avenue C

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) T. (Last) SMUCK

4. DATE OF DEATH: (Month) Sept. (Day) 1, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 24, 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady rtd 6 yrs.

10b. KIND OF BUSINESS OR INDUSTRY: Methodist Book Store

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Sommerfield Smuck

14. MOTHER'S MAIDEN NAME: Mary T. Helfrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr. Walter S. Smuck 4504 Mainfield Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 43 Immediate cause (a) Respiratory Failure — 30 min

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Vascular Accident

(c) Arteriosclerotic C.V.D., Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept, 19 49, to 1 Sept, 19 49, that I last saw the deceased alive on 1 Sept, 19 49, and that death occurred at 1:45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wallace H. Sadowsky MD — Perryville Md — 1 Sept '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/5/49 — NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. Sept 3-1949 — REGISTRAR'S SIGNATURE R.W. — 24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

08734

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Earlville Rural
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Earlville Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Craig	Marson	Sowers	9	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	7-7-49	2 mo.	2			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Marson R. Sowers
14. MOTHER'S MAIDEN NAME: Doris E. Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: James R Hamilton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
273 Immediate cause	(a) Thymico lymphaticus	
64 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) causing Strangulation	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: R le Dodson MD (Degree or title)
ADDRESS: Rising Sun, Md.
DATE SIGNED: 9-12-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 14 1949	Arlington	Dutch Hill	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/13/49	Mrs Harold H. Cleaver	H. W. Pippin & Son	Elkton Md

VS. A15A

RECEIVED
SEP 16 1949
BUREAU V. S.

P.L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

018736

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville — LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location) Susquehanna Ave.

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) May (Last) Thomas

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 25, 1895

9. AGE last birthday: 54 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Griffith

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: John W. Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Valvular Heart Disease — 5 yrs.

421.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1312 (b) Chronic Nephritis — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4/44, 19..., to 9/20, 19 47, that I last saw the deceased alive on 9/26, 19 49, and that death occurred at 4 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. F. Magraw M.D. — ADDRESS Perryville Md. — DATE SIGNED Oct 2, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct 3, 1949 — NAME OF CEMETERY OR CREMATORY: Asbury — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Oct. 3, 1949 — REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Lee A. Patterson & Son. — ADDRESS: Perryville, Md.

RECEIVED
OCT 6 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08735

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: CECIL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Cecil Co. Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hances Point
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) TURNER (Last) TONG

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 10-24-1871

9. AGE last birthday: 77 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT TONG

14. MOTHER'S MAIDEN NAME: MARY MC CAULEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 222-07-6501

17. INFORMANT: JOSEPH R. GRANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: Sept 5 49

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio renal vascular disease

(c)

442

61

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1930., to 9/21....., 1949., that I last saw the deceased alive on 9/20....., 1949., and that death occurred at 506 A.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert Bates M.D. — ADDRESS: Elkton Md. — DATE SIGNED: 9/22/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 9/24/49 — NAME OF CEMETERY OR CREMATORY: METHODIST — LOCATION (City, town, or county) (State): CHERRY HILL, MD.

DATE REC'D BY LOCAL REG. 9/24/49 — REGISTRAR'S SIGNATURE: E R Frazer

24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS:

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08737

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Rural; LENGTH OF STAY (in this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ewing Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora. Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) KATIE (Middle) (Last) VANDERGRIFT.

4. DATE OF DEATH: (Month) Sept. (Day) 23. (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: about 90 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Philadelphia. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown. Hlood.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Maud Ewing.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 Immediate cause (a) Hemiplegia

Antecedent cause(s)

85d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1949, to 9-21, 1949 that I last saw the deceased alive on 9/21, 1949, and that death occurred at 9/23. 12:20 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R.L. Dodson M.D. ADDRESS Rising Sun Md. DATE SIGNED 9/24-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Sept 27, 1949

NAME OF CEMETERY OR CREMATORY: Chestertown Cem

LOCATION (City, town, or county) (State): Chestertown Cecil, Md.

DATE REC'D BY LOCAL REG.: Sept 26-49

REGISTRAR'S SIGNATURE: L.M. Worthington

24. FUNERAL DIRECTOR: J.E. Tyson ADDRESS: Rising Sun, Md.

RECEIVED
SEP 27 1949
BUREAU V. S.

08738

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 5 yrs. 2 mos. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 910 Butternut St., N.W.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) F. (Last) WALL
4. DATE OF DEATH (Month) Sept. (Day) 24, (Year) 1949
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 4, 1884
9. AGE last birthday 65 yrs. If under 1 year: Months 2 Days 20 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Fairwell, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Wall - deceased
14. MOTHER'S MAIDEN NAME ? Kerr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I & PT
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.3

Immediate cause (a) Pneumonia, bronchial, bilateral

Antecedent cause(s) due to

107

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Leptomeningitis, non-specific

(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --
(CITY OR TOWN) -- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.
INJURY OCCURRED While at Work [ ] Not While At work [ ]
HOW DID INJURY OCCUR? --

22. I hereby certify that VA attended the deceased from July 14, 1944, to Sept. 24, 1949, [redacted], and that death occurred at 2:20 PM m., from the causes and on the date stated above.

SIGNATURE A. E. Trollinger (Degree or title) ADDRESS DATE SIGNED
A. E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. 9-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 9-27-49
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Fort Myer, Virginia

DATE REC'D BY LOCAL REG. Sept. 27, 1949
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR Pennington & Son ADDRESS
PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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08739

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Warrick
4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 1949
5. SEX M.
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 9-15-49.
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elmer Warrick
14. MOTHER'S MAIDEN NAME Bertina Barnett.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Union Hospital Records Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Syphilis Congenital

020.2

Antecedent cause(s)

30P

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1949, to 9-15, 1949; that I last saw the deceased alive on 9-15, 1949 and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. C. Dodson MD ADDRESS Rising Sun Md DATE SIGNED 9-16-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Sept 22/49 NAME OF CEMETERY OR CREMATORY County Burial Grounds LOCATION (City, town, or county) Cherry Hill, Md (State)

DATE REC'D BY LOCAL REG. 9/22/49 REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1949
BUREAU
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118741

Reg. Dist. No. 9-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Md
LENGTH OF STAY (In this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON.
STREET ADDRESS (If rural, give location) 143 Collins St.

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) (Last) Williams

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1949

5. SEX: Female. 6. COLOR OR RACE: Colored. 7. SINGLE, MARRIED, WIDOWED, (Specify) divorced 8. DATE OF BIRTH: 3-6-1906. 9. AGE last birthday: 43 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Maid
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 20 minutes

420.1 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16, 1949, to Sept. 20, 1949, that I last saw the deceased alive on Sept. 20, 1949, and that death occurred at 5:42 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Ralph Andrews, Jr. M.D. Elkton, Maryland Sept. 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 9/24/49
NAME OF CEMETERY OR CREMATORY Providence
LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REG. 9/24/49
REGISTRAR'S SIGNATURE E R Frazer
24. FUNERAL DIRECTOR Edw R Bell
ADDRESS 909 Poplar St. Wilmington

RECEIVED
SEP 27 1949
BUREAU V. S.